



## APPLICATION FOR VETERINARY EXAMINATION ELIGIBILITY

Fee	For Office Use Only														
<input type="checkbox"/> Application Fee (Required for all applicants) \$ 65.00 _____ \$65.00	<input type="checkbox"/> Receipt No. _____ Date Cashiered _____  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
1. I wish to be apply for the following: <input type="checkbox"/> NAVLE (North American Vet. Licensing Exam) _____ No fee to VMB															
<input type="checkbox"/> CA State Board (CSB) \$140.00 _____															
<input type="checkbox"/> Intern/Resident Temporary Application _____															
<input type="checkbox"/> Veterinary Law Examination (VLE) \$ 35.00 _____															
<input type="checkbox"/> Live Scan Fingerprint Form _____ No fee to VMB															
<input type="checkbox"/> Fingerprint Card \$ 56.00 _____															
<b>Please remit fee by check or money order payable the VMB. Total Submitted _____</b>															
2. Disclosure of your <b>United States social security number</b> is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.  All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure, per Section 4846 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Social Security Number:</td> <td style="width: 50%;">Email Address:</td> </tr> </table>		Social Security Number:	Email Address:												
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7. Veterinary College or University <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2" style="width: 30%;">Name and Location of Institution</th> <th colspan="2" style="width: 15%;">Attendance</th> <th rowspan="2" style="width: 25%;">Course</th> <th rowspan="2" style="width: 15%;">Date of Graduation</th> <th rowspan="2" style="width: 15%;">Degree Received</th> </tr> <tr> <th style="width: 5%;">From</th> <th style="width: 10%;">To</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Graduates should attach a photocopy of their diploma <b>no larger than 8.5" x 11"</b> to the application.</p>		Name and Location of Institution	Attendance		Course	Date of Graduation	Degree Received	From	To						
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	From	To													
8. My physical description is as follows:  <table style="width: 100%;"> <tr> <td style="width: 50%;">Hair_____</td> <td style="width: 50%;">Eyes_____</td> </tr> <tr> <td>Height_____</td> <td>Weight_____</td> </tr> </table> <p>I hereby declare that the attached photo was taken on or about (month/day/year): _____</p> <p>Signature of Candidate _____</p>		Hair_____	Eyes_____	Height_____	Weight_____	<p style="text-align: center;"><b>ATTACH PHOTO HERE</b></p> <p style="text-align: center;">Photo must be the same size as this box (2" x 2 1/8").</p> <p style="text-align: center;">Do <u>not</u> staple.</p>									
Hair_____	Eyes_____														
Height_____	Weight_____														

9. In what other states/provinces have you been or are you currently licensed? Written certification of license status from state boards is required.

State / Province	License #	Date Issued	Specify If By Exam Or On Credentials	Period of Practice

10. Have you had disciplinary proceedings against your license to practice veterinary medicine including revocation, suspension, probation, voluntary surrender, or any other proceeding?

☐ Yes ☐ No

If **yes**, please provide detailed written explanation, include the date and state where the discipline occurred:

11. Have you been convicted of any offense other than minor traffic violations or pled nolo contendere to any violation of any law of any state, the United States, or a foreign country?

☐ Yes ☐ No

If **yes**, explain fully as described in the application instructions.:

**Convictions must be reported even if they have been expunged under Section 1203.4 of the Penal Code or if a diversion program has been completed under the Penal Code or Article 5 or the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes convictions following a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.**

12. Have you ever applied to take a veterinary examination in California?

☐ Yes ☐ No

If you answered **yes**, please list date(s):

13. Have you ever applied to take or taken the NBE, CCT, or NAVLE in any state(s) other than California?

☐ Yes ☐ No

If you answered **yes**, please list all dates and respective state(s):

NBE

CCT

NAVLE

TO BE COMPLETED BY RECIPROCITY APPLICANTS ONLY

14. Applicants for licensure by reciprocity **must** complete the following question:

As a licensed veterinarian, have you been licensed and practicing full time for at least four years out of the last five years immediately preceding filing this application for licensure in California?

☐ Yes ☐ No

CERTIFICATION SIGNATURE AND DATE REQUIRED OF ALL APPLICANTS

15. I understand that I am required to report immediately to the California Veterinary Medical Board if I am convicted of ANY offense that occurs between the date of this application and the date that a California veterinary license is issued. I am also required to report to the California Veterinary Medical Board any disciplinary action and /or voluntary surrender against ANY license as a veterinarian or any veterinary related license that occurs between the date of this application and the date that a California veterinary license is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my veterinary license.

I certify, under penalty of perjury under the laws of the State of California, that all the information provided in connection with this application for registration examination is true, correct, and complete. Providing false information or omitting required information is grounds for denial of license or license revocation in California.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_